

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042746

FILED
Feb 27, 2006
Secretary of State

Entity Name: LIFESTYLE FAMILY FITNESS II, INC.

Current Principal Place of Business:

1000 112TH CIRCLE NORTH
SUITE 100
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

140 FOUNTAIN PARKWAY
SUITE 410
ST. PETERSBURG, FL 33716 US

Current Mailing Address:

C/O ERNEST L. MASCARA, PA
475 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-3653902 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MASCARA, ERNEST
KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DYER, GEOFFREY A
Address: 1000 112TH CIRCLE NORTH, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DYER, GEOFFREY A
Address: 140 FOUNTAIN PARKWAY, SUITE 410
City-St-Zip: ST. PETERSBURG, FL 33716 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY A. DYER

D

02/27/2006

Electronic Signature of Signing Officer or Director

Date